

DISABLED PERSON'S PARKING PRIVILEGES INDIVIDUAL APPLICATION

(See important instructions on the reverse side)

PLEASE TYPE OR PRINT CLEARLY

I. PHYSICIAN'S CERTIFICATE (To be completed by a licensed physician...SEE SECTION 1(3))				
DURATION OF DISABILITY: (SELECT PERMANENT OR TEMPORARY)		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary. (Check number of months)	<div style="display: flex; justify-content: space-around; font-weight: bold;"> 123456 </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div>	
TYPE OF DISABILITY: Please check the appropriate condition(s) that apply: <input type="checkbox"/> Cannot walk two hundred feet without stopping to rest. <input type="checkbox"/> Is severely limited in ability to walk due to arthritic, neurological, or orthopedic condition. <input type="checkbox"/> Cannot walk without the use of an assistive device. <input type="checkbox"/> Uses portable oxygen. <input type="checkbox"/> Ability to walk is restricted by lung disease to such an extent that forced expiratory respiratory volume, when measured by spirometry, is less than one liter per second, or the arterial oxygen tension is less than sixty mm/hg on room air at rest. <input type="checkbox"/> Impairment by cardiovascular disease. Check the American Heart Association Standard that applies: <input type="checkbox"/> Class III – PLEASE SEE INSTRUCTIONS ON REVERSE <input type="checkbox"/> Class IV – PLEASE SEE INSTRUCTIONS ON REVERSE <input type="checkbox"/> Has a disability resulting from an acute sensitivity to automobile emissions, which limits or impairs the ability to walk. The applicant's physician shall certify that the disability is comparable in severity to the conditions listed above.				
I hereby certify that I am a licensed physician, as defined in WAC 308-96A-306 (1) and I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.				
PHYSICIAN'S FULL NAME (PLEASE PRINT CLEARLY)		PROFESSIONAL CLASSIFICATION	PROFESSIONAL LICENSE NO.	
PHYSICIAN'S BUSINESS ADDRESS		CITY	ZIP CODE	
<div style="display: flex; justify-content: space-between;"> <div>▶</div> <div> A disabled parking permit may be issued only for a medical necessity that severely affects mobility. (RCW 46.16.381) Knowingly providing false information on this application is a gross misdemeanor. The penalty is up to one year in jail and a fine of up to \$5,000 or both. </div> <div>◀</div> </div>				
PHYSICIAN'S SIGNATURE		TELEPHONE NUMBER	DATE	
II. DISABLED PERSON (To be completed by the applicant)				
DISABLED PERSON'S LAST NAME (Please print)		FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
				MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
MAILING ADDRESS and APT. NO. if applicable				
CITY, STATE, ZIP CODE				
A. If your physician checked "PERMANENT" above, please select ONE of the following options by checking the appropriate box: <input type="checkbox"/> One parking placard, at no fee <input type="checkbox"/> Two parking placards, at no fee <input type="checkbox"/> One set of license plates. A fee will be charged* <input type="checkbox"/> One parking placard and one set of license plates. A fee will be charged for the plates* * The applicant must be a registered owner of the vehicle to which the plates will be issued and attached.				
B. If your physician checked "TEMPORARY" above, you will be issued ONE temporary placard at no fee.				
I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that unauthorized use of the placard or license plate is a traffic infraction with a monetary penalty.				
<div style="display: flex; justify-content: space-between;"> <div>▶</div> <div> A disabled parking permit may be issued only for a medical necessity that severely affects mobility. (RCW 46.16.381) Knowingly providing false information on this application is a gross misdemeanor. The penalty is up to one year in jail and a fine of up to \$5,000 or both. </div> <div>◀</div> </div>				
APPLICANT'S SIGNATURE		DAYTIME PHONE NUMBER	DATE	
III. SPECIAL IDENTIFICATION CARD				
The ID card will be mailed to the disabled person after the application has been processed. It is provided by DOL with no fee to the applicant. The ID card will display the applicant's disabled person parking placard(s) and/or license plate number(s).				

INSTRUCTIONS FOR COMPLETING THE DISABLED PERSON'S PARKING PRIVILEGES INDIVIDUAL APPLICATION

Disabled persons parking privileges will be granted only to those persons who are certified by a licensed physician as having a severe mobility limiting condition, as set forth in the Physician's Certificate section of the application form.

**PLACARDS OR PLATES REQUIRE A SPECIAL ID CARD WHICH WILL BE MAILED
TO THE APPLICANT AFTER THE APPLICATION HAS BEEN PROCESSED.**

SECTION I. PHYSICIAN'S CERTIFICATE

1. Only those disabilities allowable under the law are listed on the application. Please confirm and check the appropriate box(es).
CLASS III - Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.
CLASS IV - Patients with cardiac disease resulting in an inability to carry on any physical activity without discomfort. Symptoms of heart failure or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.
2. Complete and sign the "Physician's Certificate" section and return to the applicant.
3. Those authorized to sign are: Chiropractor - DC; Physician & Surgeon - MD or DO; Podiatrist - DPM; Naturopath - ND; Advanced Registered Nurse Practitioner - ARNP.

SECTION II. DISABLED PERSON

1. You may qualify for either a temporary or permanent parking privilege. Only one temporary placard will be issued for a maximum of 6-months duration. A person with a permanent disability may receive a second placard, upon request provided they have not obtained Disabled Person license plates.
2. If you are a person with a permanent disability and you request license plates, the applicable fee for plates will be charged. If submitting fees, make your check or money order payable to the Department of Licensing.
3. For the purposes of this application, "signature" means, any memorandum, mark or sign made with the intent to authenticate an application.
The following parties may sign on your behalf:
 - a. A family member, stating their relationship to you. Example: Signature, Jane Doe, daughter.
 - b. Someone with a Power of Attorney. Attach a notarized copy of the Power of Attorney.
4. If you are requesting license plates, please enclose a copy of your registration. To qualify, you must be a registered owner of the vehicle for which the plates will be assigned and attached. Plates are issued for only one vehicle.

SECTION III. SPECIAL ID CARD

Police officers or appointed volunteers are authorized to request that you show your special ID card and/or disabled person parking placard.

PLACARD DISPLAY INFORMATION

When parked in a disabled person's parking location, the transporting vehicle shall have the placard displayed by hanging on the rearview mirror or, in the absence of a mirror post, placed on the dashboard.

LICENSE PLATES

License Plates are issued at any Vehicle Licensing Office. If you sell the vehicle, the disabled person license plates that are attached to it must be transferred to another vehicle owned by you or surrendered to your local Vehicle Licensing Office or the Department of Licensing in Olympia. If they are transferred to another vehicle, you must notify the Department of Licensing and obtain a new vehicle registration document. **If you have any question please call your local Vehicle Licensing Agent or Sub-Agent Office or Olympia at (360) 902-3770 option 5.**

REPLACEMENT

If a parking placard or special license plate has been lost, stolen, mutilated or destroyed, a replacement may be requested at most Vehicle Licensing Agent or Sub-Agent Offices. There is no charge for replacement placard(s). For information on replacement plate fees, please contact your local Vehicle Licensing Agent or Sub-Agent Office.

RENEWALS OF PERMANENT PARKING PRIVILEGE

Permanent disabled person parking privileges and the special ID card are to be renewed every FIVE years. Renewal reminders will be mailed prior to expiration, to the address you have provided.

TEMPORARY PLACARDS

Temporary placards and special ID cards are not renewable upon expiration. If the disability persists, a new completed application is required. **Temporary placards can be obtained at most Vehicle Licensing Agent or Sub-Agent Offices or the Department of Licensing.**

RETURN PLACARDS & PLATES

In the event of death of the holder of placard(s) and/or owner of a vehicle with special disabled persons plates, the placard(s), plates, and special identification card must be surrendered to the Department of Licensing.

SERVICES.

1. You may park, free of charge, for time periods specified on posted signs in regular street parking spaces or at parking meters. A local jurisdiction providing nonmetered, on-street parking places reserved for physically disabled persons may impose, by ordinance, time restrictions of no less than four hours on the use of these parking places. Parking is not permitted in areas where stopping, parking or standing of all vehicles is prohibited or reserved for special types of vehicles (fire lanes, loading zones, metro bus lanes, etc.).
2. You may request refueling service at gasoline stations for the self-service price if no accompanying passenger is capable of fueling the vehicle for you. Stations exclusively self-service and convenience stores with remotely controlled gas pumps are exempt. No other station services are covered.

IF YOU NEED MORE INFORMATION REGARDING:

**PERMANENT/TEMPORARY PLACARDS OR SPECIAL
LICENSE PLATES**, call any Vehicle Licensing Agent or
Sub-Agent Office, **OR** Olympia at (360) 902-3770 option 5, **OR**
visit the Department of Licensing Website at: www.dol.wa.gov

The Department of Licensing Headquarters mailing address is:

**DEPARTMENT OF LICENSING
DISABLED PERSONS
PO BOX 9043
OLYMPIA WA 98507-9043**

REMOVE PLACARD FROM MIRROR WHILE VEHICLE IS IN MOTION.